



Application for Employment
Borough of Naugatuck, Connecticut
229 Church Street, Naugatuck, CT., 06770
Phone: 203.720-7063 Fax: 203.720-7243
Parks Department – Temporary Summer Help

Date: _____

Please Print in Ink

Please complete all questions on this employment application so that you may be given every employment consideration. It is the policy of the Borough of Naugatuck to have employment opportunities to all employees and applicants for employment without regard to race, sex, color, religion, national origin, age, disability, marital status, veteran status, sexual orientation or any other protected class. The Borough of Naugatuck complies with applicable state and local laws governing nondiscrimination in employment in every location in which we have employees.

Please notify the Human Resources office if you require accommodation to successfully complete the application process, i.e., sign interpreter, etc.

Position Applying For		Full Time _____ Part Time _____	Referee _____ Lifeguard _____ Park Dept ____ Playground _____ Golf Course _____		
Name (Last)	(First)	(Middle)	Have you ever worked under another name? If yes, please state: _____		
Present Address		City	State	Zip	
Home Telephone ()	Work Phone ()	Cell Phone ()	Social Security Number		
Are you legally eligible for employment in USA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, verification will be required.					
Education (circle last year completed) 6 7 8 9 10 11 12 13 14 15 16			Are you 15 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
School	Name and City	Years Completed	Graduate	Major	Degree
High School					
College					
Technical					
CPR Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>		Lifesaving Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employee of the Borough of Naugatuck? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____		Are you dependent upon summer employment for your college expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If employed, will you be available for the entire summer? ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please list any summer vacation you will be taking this summer _____					
Please list experience that you feel qualifies you for the job you are applying: _____ _____					
Please list previous employment (includes dates and job title): _____					
Are you physically and mentally able to perform the essential duties of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require reasonable accommodations to perform the essential duties of the job you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____					

Borough of Naugatuck
Agreement and Release

To All Applicants: Please read this section and signify your understanding by signing your name in the space so indicated.

I, the undersigned, certify that the information contained in this employment application is true and complete to the best of my knowledge and belief. I understand and agree that omissions, misrepresentations, or falsifications of any part of this record shall result in immediate discharge. I understand that this application and/or any resultant employment does not imply or indicate any intent of establishing any contractual relationship. Also, I understand that this application is not an offer of employment, and offers of employment may only be made in writing by the Human Resources Director or designee.

I understand that any resultant employment is contingent on the satisfactory processing of my application and post-offer medical examination which shall include lab and x-ray work to determine suitability to perform the essential job duties and to ensure that I am free from active communicable diseases I understand that, as part of the application procedure for employment by the Borough of Naugatuck, I will be required to submit to a urinalysis test to detect the existence of drugs and other intoxicants. These tests will be administered as required by State of Federal Law. I further understand that, if the test is positive, I will be given a copy of the result, if requested.

I understand that as part of the application process, the Borough of Naugatuck conducts thorough background checks (which may include a check of my criminal history) done on prospective employees. I agree, if contacted with respect to such background check, that I will fully cooperate and provide any information requested.

The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-14b, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which are records pertaining to a finding of delinquency of that a child or that a child was a member of a family with service needs, an adjudication as a youthful offender. I understand that I will be considered for employment on the basis of references and the information furnished on this application form and I hereby authorize all schools, former employers, personal references and police to furnish full information including work history and any personnel file information about me to the Borough of Naugatuck without liability of any kind.

APPLICANT SIGNATURE

DATE

Parent/Guardian – Please read and Sign Below:

I, the parent/guardian of the registrant, a minor, agree that I and the Registrant will abide by the rules of the Naugatuck Park Department, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with any activity the Naugatuck Park Dept. sponsors, and in consideration for the Naugatuck Park Dept., accepting the registrant for its programs and activities (“The Programs”), I hereby release discharge, and./or otherwise indemnify the Naugatuck Park Dept., its affiliate organization and sponsor, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Also, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

PRINT NAME

SIGN NAME

DATE

Please Check One: Parent Guardian

FOR DEPARTMENT USE AFTER HIRE: Male Female **DATE OF BIRTH:** _____

FATHERS NAME _____ **PHONE** _____

MOTHERS NAME _____ **PHONE** _____

EMERGENCY CONTACT NAME _____ **PHONE** _____

MEDICAL PROBLEM OR ACTIVITY PROHIBITION – PLEASE LIST: _____